



COMMONWEALTH of VIRGINIA

Substance Abuse Services Council

P. O. Box 1797
Richmond, Virginia 23218-1797

December 1, 2022

To: The Honorable Glenn Youngkin, Governor
Members, Virginia General Assembly

Fr: Senator John Bell

The 2004 Session of the General Assembly amended §2.2-2697.B. of the *Code of Virginia*, to direct the Substance Abuse Services Council (referred to as the Council in this report) to collect information about the impact and cost of substance use disorder treatment provided by public agencies in the Commonwealth. In accordance with that language, please find attached the *Substance Use Disorder Services Council Report on Treatment Programs for FY 2022*.

Sincerely,

A handwritten signature in black ink that reads "John Bell".

Senator John J. Bell, District 13, Senate of Virginia

cc: The Honorable John Littel, Secretary of Health and Human Resources
The Honorable Robert Mosier, Secretary of Public Safety and Homeland Security
Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services
Harold W. Clarke, Director, Department of Corrections
Amy Floriano, Director, Department of Juvenile Justice
Cheryl Roberts, Interim Director, Department of Medical Assistance Services

Enc.

**SUBSTANCE USE DISORDER SERVICES COUNCIL
REPORT ON TREATMENT PROGRAMS
FOR FY 2022
(Code of Virginia § 2.2-2697)**

*to the Governor and the
General Assembly*



COMMONWEALTH OF VIRGINIA

December 1, 2022

Preface

Section 2.2-2697.B of the Code of Virginia directs the Council to report by December 1 to the Governor and the General Assembly information about the impact and cost of substance use disorder treatment provided by each agency in state government. The specific requirements of this section are below and have been revised to use non-stigmatizing language based on the Centers for Disease Control Health Equity Style Guide:

§ 2.2-2697. Review of state agency substance use disorder treatment programs and recovery services.

B. Beginning in 2006, the Comprehensive Interagency State Plan shall include the following analysis for each agency-administered substance use disorder treatment program and recovery services:

- (i). the amount of funding expended under the program for the prior fiscal year;*
- (ii). the number of individuals served by the program using that funding;*
- (iii). the extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures;*
- (iv). identifying the most effective substance use disorder treatment and recovery services, based on a combination of per person costs and success in meeting program objectives;*
- (v). how effectiveness could be improved;*
- (vi). an estimate of the cost effectiveness of these programs; and*
- (vii). recommendations on the funding of programs based on these analyses.*

**SUBSTANCE USE DISORDER SERVICES COUNCIL
REPORT ON TREATMENT PROGRAMS
FOR FY 2022**

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SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES COUNCIL REPORT ON TREATMENT PROGRAMS FOR FY 2022

Introduction

This report summarizes information from the four executive branch agencies that provide substance use disorder treatment and recovery services: The Department of Behavioral Health and Developmental Services (DBHDS), the Department of Juvenile Justice (DJJ), the Department of Corrections (DOC) and the Department of Medical Assistance Services (DMAS). These agencies share the common goals of increasing the health and wellness of Virginia's individuals, families, and communities, increasing access to substance use disorder treatment and recovery services, and reducing the impact of those with a substance use disorder and involvement in the criminal justice system. All the agencies included in this report are invested in providing evidence-based treatment and recovery services to their populations within the specific constraints each has on its ability to provide these services. In this report, the following information is detailed concerning each of these four agencies' substance use disorder treatment programs:

1. Amount of funding spent for the program in FY 2022.
2. Unduplicated number of individuals who received services in FY 2022.
3. Extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures.
4. Identifying the most effective substance use disorder treatment.
5. How effectiveness could be improved.
6. An estimate of the cost effectiveness of these programs.
7. Funding recommendations based on these analyses.

As used in this document, "treatment" means those services directed toward individuals with identified substance use disorders and does not include prevention services. This report provides information for FY 2022, which covers the period from July 1, 2021, through June 30, 2022.

Treatment Programs for FY 2022

This report provides focused data on specific outcomes. Every opioid overdose death represents many affected individuals, and every individual who commits a crime associated with substance use disorder represents many others who are also involved.¹ Many of these individuals are struggling with functional impairment due to their substance use disorder and this is reflected in decreased workforce participation,² negative impact on the economy,³ the potential for

¹ Virginia Department of Health: Office of the Chief Medical Examiner. (2021). *Fatal Drug Overdose Quarterly Report*. Retrieved from <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>

² Over the last 15 years, LFP fell more in counties where more opioids were prescribed." Alan B. Krueger; BPEA Article; Brookings Institute; Thursday, September 7, 2017; "Where have all the workers gone? An inquiry into the decline of the U.S. labor force participation rate"; <https://www.brookings.edu/bpea-articles/where-have-all-the-workers-gone-an-inquiry-into-the-decline-of-the-u-s-labor-force-participation-rate/>

³ Midgette, Gregory, Steven Davenport, Jonathan P. Caulkins, and Beau Kilmer, What America's Users Spend on Illegal Drugs, 2006–2016. Santa Monica, CA: RAND Corporation, 2019. https://www.rand.org/pubs/research_reports/RR3140.html. Also available in print form.

dissemination of blood borne diseases,⁴ and recidivism.

⁴ County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States; Buchanan et. al. MJAIDS Journal of Acquired Immune Deficiency Syndromes: [November 1, 2016 - Volume 73 - Issue 3 - p 323-331](#) doi: 10.1097/QAI.0000000000001098 Epidemiology and Prevention

Department of Behavioral Health and Developmental Services (DBHDS)

The publicly funded behavioral health and developmental services system provides services to individuals with mental illness, substance use disorders, developmental disabilities, as well as co-occurring disorders through state hospitals and training centers operated by DBHDS, as well as 40 community services boards (CSBs) and a network of collaborative private providers. CSBs were established by Virginia's 133 cities or counties pursuant to Chapters 5 or 6 of Title 37.2 of the Code of Virginia. CSBs provide services directly to their population and through contracts with previously mentioned private providers, which are vital partners in delivering services.

Summary information regarding these services is presented below.

1. Amount of Funding Spent for the Program in FY 2022

Expenditures for substance use disorder treatment services totaled \$186,599.434. This amount includes state and federal funds, local funds, fees, and funding from other sources. The table below provides details about the sources of these funds.

Expenditures for Substance Use Disorder Treatment Services by Source	
State Funds	\$51,268,551
Local Funds	\$46,572,508*
Medicaid Fees	\$21,251,705
Other Fees	\$6,399,109*
Federal Funds	\$56,312,474
Other Funds	\$4,795,087*
Total Funds	\$186,599,434

*Local Funds and Other Fees may have been utilized to support prevention activities.

2. Unduplicated Number of Individuals Who Received Services in FY 2022

A total of 24,610 unduplicated individuals received substance use disorder treatment services supported by this funding in FY 2022.

3. Extent Program Objectives Have Been Accomplished as Reflected by an Evaluation of Outcome Measures

Currently, DBHDS uses the following substance use disorder services quality measures for each CSB:

- **Initiation of Substance Use Disorder Services:** Initiation of services is measured by calculating a percentage. The denominator is the number of all individuals admitted to the substance use disorder services program area with a new substance use diagnosis during the fiscal year. The numerator is all individuals in the fiscal year who then

received a first substance use service within 14 days of that new diagnosis. The state average for FY22 was 74 percent of all individuals being successfully initiated within 14 days of the new substance use diagnosis. This far exceeds the latest national average for this measure of 37 percent indicated on the National Committee for Quality Assurance's website.

- **Engagement in Substance Use Disorder Services:** Engagement is measured by calculating a percentage. The denominator is the number of all individuals admitted to the substance use disorder services program area with a new substance use diagnosis during the fiscal year. The numerator is all individuals in the fiscal year who then received a first substance use service within 14 days of that diagnosis and received an additional two substance use services 30 days thereafter. The state average in FY22 was 58 percent of individuals meeting the requirement for engagement. Similar to the initiation measure, this state average far surpasses the latest national average for the engagement measure of 14 percent listed on the National Committee for Quality Assurance's website.

4. Identifying the Most Effective Substance Use Disorder Treatment

The sometimes chronic, relapsing nature of substance use disorder, often resulting in non-linear pathways to sustained recovery, makes identifying the most effective type of treatment difficult. Evidence-based treatment for substance use disorders consists of an array of modalities and interventions provided to individuals in need based on many factors. These modalities are presented and implemented through a lens of person-centered treatment planning and therefore are tailored to the specific needs of each individual seeking treatment, coupled with their ASAM criteria (assessment of level of need), and partnered with their willingness to participate. Other factors, such as legal status, probation requirements, transportation difficulties, family expectations/responsibilities, and co-occurring behavioral health and medical issues further complicate measures of effectiveness across populations.

The lack of a consistently available and accessible array of services across Virginia may cause additional stressors to individuals seeking care as well as their support systems. The factors mentioned above can make it difficult to match individuals to the appropriate level of care. Virginia continues to work on system transformation through initiatives such as STEP VA and Project BRAVO to address and correct the inconsistency of available services and support individuals in care by ensuring appropriate reimbursement and coverage rates with ARTS and Medicaid expansion.

It is important to note workforce shortages in behavioral healthcare play a significant role in one's ability to engage in services. Virginia has a significant shortage of providers for substance use disorder related to services that is mirrored by many other states. In Virginia, the workforce issues have many causes and solutions, to include an aging workforce, impacts of COVID-19, low wages for treating staff, increasing regulations and certifications, and a significant lack of engagement from younger individuals entering the field. These issues make for longer wait times to access services, larger group sizes, increased engagement issues, and higher caseloads. When this information is applied to a population of individuals who often

seek to enter treatment services immediately to avoid additional use, there can be serious consequences.

The deadly opioid overdose epidemic began in the mid-2000s and resulted in 1,915 deaths in calendar year 2020.⁵ This reality continues to drive home the need for comprehensive, expansive, and evidenced based treatment for all individuals and their families. Current information indicates a significant rise in opioid-related overdoses across Virginia within the last year. While this data is still being collected and reviewed DBHDS continues to actively support our CSB partners in providing medication-assisted treatment (MAT), the evidence-based standard of care for opioid use disorder through time-limited federal grant funding, as it is costly to provide.

Furthermore, Virginia, like the rest of the United States, is seeing a rise in Methamphetamine use.⁶ This is to be expected, as substance use disorder is not substance specific. Failure to treat substance use disorder in its totality using evidence based practices will continue to result in the loss of life, misuse of resources due to being restricted to specific drug types, and community wide impact related to the continued spread of use and other complicating factors.

5. How Effectiveness Could Be Improved

Successful healthcare outcomes are dependent on individuals receiving the appropriate level of care for their needs as well as a holistic approach to them as an individual. CSBs continue to experience level funding from federal and state sources. DBHDS is moving toward significant changes in funding structure and has implemented as of July 1, 2022, the use of an invoicing system for payment of services related to federal dollars. This should allow for better use of funding across the state and better tracking at the state level. However, the funding streams used for services remain, in some cases, restrictive based on substance use and therefore create difficulties in the treatment system related to allocations for funds across all populations. It is important to note, these services require more time and skill to implement successfully and often require the services of medical and counseling staff trained in specific treatment models appropriate for the individual's needs and concerns, such as trauma-informed care or co-occurring disorders. This leads to the rise in costs for service.

Furthermore, individuals seeking and needing services frequently experience other life issues that present barriers to successful recovery such as lack of transportation, lack of childcare, unsafe housing, or serious health or mental health issues create dynamics that may be difficult for providers to address depending on their available service array. Successful treatment programs require personnel and resources to help individuals in care address these problems across many populations. Increased access to safe and equitable transportation assistance that work across urban and rural areas, opportunities to participate in supportive employment programs, and secure housing options, and increased access to psychiatric care are imperative to successful engagement and sustainment in treatment options as well as helping to bolster a recovery-oriented approach to all services.

For providers to remain educated, supported, and clinical efficient, ongoing dedicated funding

⁵ Office of the Chief Medical Examiner Forensic Epidemiology All Opioids Table available at: <http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>

⁶ 116th Congress second session S4491 To designate methamphetamine as an emerging threat, introduced by Ms. Feinstein and Mr. Grassley

related to continuing clinical training in support of the use of evidenced based practices across the Commonwealth is imperative to provide sustainable support of clinical expertise and goals within the existing workforce already heavily influenced by other factors in Virginia.

To support system change, DBHDS continues to move toward and support a data driven, outcomes-based approach coupled with quality improvement initiatives at state and provider levels. DBHDS has developed a quality improvement process for CSBs that includes technical assistance in a comprehensive way based on areas of need. A data driven platform to improve program effectiveness can be developed through focusing on quality improvement and funding substance abuse services at a level adequate to make an expanded continuum of care and array of evidence-based practices available across the state.

Continued work to move toward ongoing training and support of evidence-based models of treatment for individuals with the disease of addiction will initially require more resources but will result in lowered costs. Like any other disease, incorrect diagnosis results in incorrect treatment resulting in poor outcomes. With this in mind, DBHDS is partnering with DMAS to provide ongoing ASAM training for providers to ensure the appropriate levels of care for the individual being served. With increased access to evidence-based treatment for the disease of addiction, we expect to see better functioning workers and increased tax revenues, decreased crime, decreases associated medical costs (HIV, Hepatitis C, endocarditis resulting in valve replacement, Neonatal abstinence syndrome, trauma, and accidents, etc.), improved life expectancy and a happier, more productive population.

6. An Estimate of the Cost Effectiveness of These Programs

It remains difficult to assess and make recommendations on the cost effectiveness of programs as they vary across the state and since those struggling with addiction often involve levels of complexity which impact care and treatment. However, the ability to access an appropriate level of care is a measure that impacts successful treatment and outcomes. It is recommended that cost effective evaluations focus on the use of evidence-based treatment and holistic outcomes for the assessment of the long-term effectiveness of treatment.

It is also important to note the influence on service options from COVID-19. With the implementation of telehealth as a part of the pandemic response, treatment services may now be available to individuals that were previously not served. Throughout the pandemic treatment providers have indicated an increase in retention and engagement from individuals in care, however it is important to keep in mind potential privacy issues related to telehealth and group services over telehealth vary by providers. Additionally, while the initial costs of telehealth may be higher compared to other treatment options, the potential for long term savings, coupled with decreasing care timelines, make telehealth a worthwhile service to continue.

7. Funding Recommendations

The Department of Medical Assistance Services (DMAS) continues to offer a waiver that supports a wide array of treatment services for individuals with substance use disorders, based on criteria developed by the American Society of Addiction Medicine. This array included improved access to medication-assisted treatment for individuals with opioid use

disorders. DBHDS continues to use the SAMHSA SOR funds to support, improve, and develop services that are more comprehensive across prevention, treatment, and recovery services statewide where needed. In the long term, additional planning will be needed to determine how to systems and programs that SOR supports in case this funding is not renewed at the federal level.

Medicaid expansion, which became effective January 1, 2019, continues to help support some needed infrastructure development, such as provider training to support implementation of evidence-based practices. However, a portion of Virginia's population has income greater than 138 percent of the Federal Poverty Level (income eligibility threshold effective January 1, 2019) but cannot afford to purchase private insurance. This population, combined with those who do not qualify for Medicaid Expansion, remains in need of resources and services.

DBHDS also recently was awarded state funds in the amount of \$5 million to be spent to support substance use treatment. This funding, not restricted by substance, will allow for innovative support of the substance use disorder services system in a comprehensive way and help to address several holes in services such as transition aged youth (18-25) and intellectually disabled individuals who are struggling with substance use. This funding has also been accessed to support Naloxone access in the Commonwealth.

Department of Juvenile Justice (DJJ)

The Department of Juvenile Justice (DJJ) provides and contracts with mental health / substance abuse treatment providers to conduct substance abuse treatment services to youth under community supervision and in direct care status who are assessed as needing substance abuse treatment. Youth in direct care status receive those services in a variety of settings including Bon Air Juvenile Correctional Center (JCC), Community Placement Programs at local detention facilities, and contracted residential treatment centers.

DJJ also manages Virginia Juvenile Community Crime Control Act (VJCCCA) funds, which are administered through a formula grant to all 133 cities and counties in the Commonwealth. Each locality or grouping of localities develop biennial plans for the use of VJCCCA funds that are consistent with the needs of their communities. Code changes that went into effect in July 2019 allow localities to incorporate prevention services into future biennial plans. The current biennial began on July 1, 2022. Of the 76 local VJCCCA plans, during FY 2022, 21 local plans included funds budgeted for programming or services in the category of substance abuse education and/or substance abuse treatment. There were also 16 additional plans that provided substance abuse education when needed through the allowable service Supervision Plan Services.

As in previous annual reports, the information below focuses on the substance abuse treatment services provided by DJJ to direct care youth meeting the appropriate criteria at Bon Air Juvenile Correctional Center (JCC).

1. The Amount of Funding Expended for the Program in FY 2022

Bon Air JCC Programs:

Substance Abuse Services Expenditures: \$685,635
Total Residential Division Expenditures*: \$41,269,232

** Total division expenditures exclude closed facilities as well as the Virginia Public Safety Training Center (VPSTC) and all related costs to the VPSTC.*

2. The Number of Individuals Served by the Program Using that Funding in FY 2022

In FY 2022, 128 (87.1 percent) of the 147 residents admitted to direct care were assigned a substance abuse treatment need. Youth can be assigned to Track I or Track II to reflect their individual needs. Track I is for juveniles meeting the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for substance use disorder and in need of intensive services. Track II is for juveniles who have experimented with substances but do not meet the DSM criteria for substance use disorder. Of the 147 youth admitted, 77.6 percent were assigned a Track I treatment need, and 9.5 percent were assigned a Track II treatment.

These youth may have received treatment at Bon Air JCC or at other direct care placements.

3. Extent to Which Program Objectives Have Been Accomplished as Reflected by an Evaluation of Outcome Measures

DJJ calculates 12-month rearrest rates for residents who had an assigned substance abuse treatment need. Rates are calculated based on a rearrest for any offense, excluding technical violations. The substance abuse treatment need subgroup of direct care releases includes juveniles with any type of substance abuse treatment need. An assigned treatment need does not indicate treatment completion. The most recent rearrest rates available are for youth released during FY 2020. It is important to note that rearrest rates do not measure whether a youth used substances (or not) after discharge and is therefore not a direct outcome measure of treatment program success. Substance abuse treatment within DJJ primarily focuses on preventing and/or minimizing future substance use. Notwithstanding, while substance abuse treatment is not inherently focused on reducing reoffending behaviors, it directly addresses criminogenic risk factors related to decision-making, impulse control, emotion regulation, prosocial skills, etc. Additional limitations are described below.

In FY 2020, 54.9 percent of residents with a substance abuse treatment need were rearrested within 12 months of release, as compared to 52.7 percent of all residents. In FY 2019, 56.9 percent of residents with a substance abuse treatment need were rearrested within 12 months of release, as compared to 56.8 percent of all residents. Rearrest rates for residents with a substance abuse treatment need reflect rearrests for any offense, not specifically a drug offense.

Additionally, youth with higher substance abuse treatment needs (Track I) also had higher rearrest rates than those in Track II. Of the youth who were released in FY 2020, 46.2 percent of Track II youth were rearrested in the 12 months following their release, as compared to 55.5 percent of Track I youth. DJJ will continue to collect information to understand potential differences between these two groups to properly address their needs.

DJJ has begun to collect treatment completion data to determine if a juvenile completed treatment, and the initial data indicate that treatment completion is tied to lower recidivism rates among youth with treatment needs. For example, 52.4 percent of youth released in FY 2020 with completed substance abuse treatment were rearrested in the following 12 months, as compared to 64.6 percent of youth with incomplete substance abuse treatment.

While recidivism rates provide some insight to the effectiveness of programs, the rates presented here cannot be interpreted as a sound program evaluation due to several limitations. Residents with assigned treatment needs may have risk characteristics different from those not assigned a treatment need or those assigned a different level; because juveniles are assigned treatment needs based on certain characteristics that distinguish them from the rest of the population, there is no control group for treatment need. Additionally, data on whether re-offenses were substance-related are not available at this time. As mentioned above, rearrest rates do not reflect the focus of substance abuse treatment, which is to prevent and/or minimize future substance use rather than on reoffending behaviors.

4. Identifying the Most Effective Substance Use Disorder Treatment

Per person costs cannot be determined because a large amount of the money allotted to substance abuse programming goes toward the salaries of staff who act as counselors and facilitators of the program. These staff also administer aggression management and sex offender treatment and perform other tasks within the behavioral services unit (BSU). Staff members perform different

sets of duties based on their individual backgrounds and current abilities. Staff do not devote a clear-cut percentage of their time to each duty, but rather adjust these percentages as needed; therefore, there is no way to calculate how much of a staff member's pay goes directly toward substance abuse programming, and per person cost cannot be determined.

5. How Effectiveness Could be Improved

DJJ is continuing to implement CBT-MET (an evidence-based substance abuse program), under the brand-name Cannabis Youth Treatment (CYT) as well as individualized treatment plans for residents with co-occurring disorders. Reentry systems and collaboration with community resources and families should continue to be strengthened to ensure smooth transition of residents to the community. On the horizon for 2023, DJJ residential services was awarded a three-year grant from the Virginia Foundation for Health Youth (VFHY) exploring prevention and cessation programs related to vaping, e-cigarettes, and tobacco use.

6. An Estimate of the Cost Effectiveness of These Programs

Due to an inability to calculate per person costs, estimates are not available to address this issue.

7. Recommendations on the Funding of Programs

Program funding for youth in direct care with substance abuse treatment needs should continue. Addressing these needs is an important aspect of youth's overall treatment and preparation for reentry to their home communities.

Virginia Department of Corrections (VADOC)

1. Amount of Funding Spent for the Programs in FY 2022

Treatment services expenditures totaled \$9,098,515 for FY 2022. Table 1, below, displays how these funds were expended across VADOC programs.

Table 1.

Community Corrections Substance Use		\$1,935,263
Spectrum Health		\$5,316,470
Appalachian CCAP	\$498,112	
Brunswick CCAP	\$590,690	
Cold Springs CCAP	\$590,690	
Chesterfield CCAP (start-up date 3/1/22)	\$149,645	
Indian Creek/Greenville Work Center	\$2,264,254	
State Farm Work Center	\$650,924	
VCCW	\$524,389	
Nottoway Work Center (start-up date 3/1/22)	\$47,758	
Facilities (previously RSAT funded)		\$941,556
RSAT Grant (federal and state match)		\$42,972
State Opioid Response Grant (federal funded)		\$618,443
MAT Navigators		\$227,906
Statewide SUD Manager (begin date 4/25/22 – 3pp)		\$15,905
Total		\$9,098,515

2. Unduplicated Number of Individuals Who Received Services in FY 2022

As of June 30, 2022, there were 63,264 probationers/parolees under active supervision in the community. This data includes participants in the Community Corrections Alternative Programs (CCAPs) and those on Shadowtrack Supervision. The VADOC utilizes the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment tool for risk assessment and service planning. Data collected from this screening tool indicates that approximately 66.5 percent of those under active supervision have a history of substance use disorder as indicated by scores of probable or highly probable on the COMPAS substance abuse subscale. Substance use disorder (SUD) treatment services in the community are provided mainly by community services

boards (CSB) and private vendors. During FY 2022, 29 Probation and Parole Districts received SUD treatment services through contracted providers while 13 Probation and Parole Districts utilized Memorandum of Agreements (MOA) with their local CSB. Four Probation and Parole Districts used both private contractors and MOAs. Additionally, Probationers/parolees also have access to community support/mutual self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups.

The Community Corrections Alternative Programs (CCAPs) continue to offer intensive and moderate SUD services at four locations. The State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), of which VADOC receives as a sub-recipient through the Department of Behavioral Health and Developmental Services (DBHDS), provides funding for a large portion of VADOC's Medication Assisted Treatment (MAT) and Peer Recovery Specialist (PRS) initiatives.

The VADOC continues to implement the Medication Assisted Treatment Reentry Initiative (MATRI) and in FY 2022 increased pilot sites to 12, including all six CCAPs and 6 institutions. A total of 19 inmates/probationers released in FY 2022 have received their first naltrexone injection prior to release. FY 2022 saw an expansion of the MATRI program to include an offering of a second long-acting naltrexone injection for opioid use disorder (OUD) prior to release. During FY 2022, a total of eight MATRI participants received two long-acting naltrexone injections prior to release. As of June 20, 2022, nine individuals were actively participating in the MATRI program post-release, and seven individuals graduated from the program. An individual graduates when they receive their first naltrexone injection inside the MATRI pilot site and continue to receive twelve months of consecutive treatment including medication and outpatient substance use disorder treatment post release.

To address rises in opioid overdose deaths across Virginia, the VADOC continues to implement the naloxone take home program. This program allows inmates/probationers at the twelve MATRI pilot sites the option to take a two dose (4mg spray each) kit of naloxone once released. In FY 2022, 523 kits were provided to releasing inmates and probationers.

During this reporting year, the VADOC continued to expand recovery services provided by state trained Peer Recovery Specialists servicing both institutions and community corrections. These services included recovery support groups, individual support, sharing recovery & reentry journeys/testimonials, collaboration with staff, recovery educational presentations, connection to resources including access to treatment, community engagement, home contacts, admissions to recovery residences, and access to take home naloxone through community partnerships. Additionally, through SOR grant funding, VADOC hired three part time PRS' who are employed in probation and parole offices across the Commonwealth. These PRS' are able to work directly with probationers who have opioid use disorder, stimulant use disorder, or a history of overdose engaging the difficult to reach inmate and probationer population at times of crisis and support the probation and parole staff.

An average of 30 active recovery groups statewide were facilitated by PRS' on a weekly basis during FY 2022 serving those under probation supervision. There were approximately 300 participants involved through community corrections who participated in recovery support

services through 25 Probation Districts or CCAPs. Results from surveys throughout the year validate recovery services as an evidence-based practice, showing that 97 percent of recipients of PRS recovery services stated their PRS helped them to stay sober and helped them on their recovery journey.

Through the SOR grant, VADOC operates an Intensive Opioid Recovery (IOR) program pilot at the District 31 Chesapeake Probation and Parole Office through SOR funding. The program uses evidenced based cognitive behavioral treatment to provide substance use disorder treatment to those on probation with opioid use disorder. The IOR program strives to immediately identify individuals with a past or present history of opioid use and evaluate them for treatment services, including MAT and counseling services. This program allows individuals living in surrounding jurisdictions (Virginia Beach, Norfolk, and Portsmouth) to remain in the program and on supervision with Chesapeake. The IOR program is diversionary in nature, that is, it allows individuals on probation to receive specialized, SUD supervision from probation officers who also have advanced training and education in substance use disorders and addiction. In FY 2022, the IOR admitted 40 new probationers to the program, for a total of 137 unduplicated individuals served. In addition, there were two individuals granted early release from probation due to successful completion of this pilot program.

In institutions, as of June 30, 2022, there were 787 inmates participating in Cognitive Therapeutic Communities (CTC) programs at Indian Creek Correctional Center and the Virginia Correctional Center for Women. The CTC Programs are designed for those inmates needing the most intensive level of substance use disorder services. The female CTC Program utilizes a gender responsive substance use disorder curriculum, Helping Women Recover, along with the additional curriculum of Criminal Conduct and Substance Abuse. Throughout the VADOC, Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) is offered as an evidence based cognitive behavioral approach to treatment. This curriculum has six specific components to the program. To address the growing number of inmates with moderate to low treatment needs and limited time remaining in prison sentence, Recovery Route was implemented as a program option. Approximately 141 inmates completed sections within CBI-SA program or Recovery Route in a correctional institution during FY 2022. Even though the number of inmates participating in SUD programming is higher than FY 2021, the COVID outbreaks negatively impacted ability to consistently complete in person group programming in the institutions in FY 2022.

To continue to meet the SUD needs at the security level one facilities, a modified SUD program was implemented during FY 2021, and in FY 2022, allowed 52 inmates to complete treatment workbooks. Additionally, 36 inmates completed SUD specific workbooks throughout major facilities as an alternative to in-person programming. In FY 2022, The Intensive Substance Use Program (ISUP) continued to provide programming and support to inmates in active addiction. Since the re-launch of the ISUP in FY 2021, FY 2022 had 23 inmates successfully complete sections of the program. There are currently 26 inmates in the ISUP community that are actively progressing through the phases. FY 2022 has shown an increase in interest for the ISUP with an active waitlist of referrals to the program. Additionally, the MATRI program is offered to inmates releasing from the ISUP.

In FY 2022, VADOC was given approval to hire 6 roving/mobile cognitive counselors

specifically to provide SUD programming at institutions that have higher ratios of inmates who score probable or highly probable of having a SUD as assessed by the COMPAS substance abuse scales. As of June 30, 2022, these positions are actively being recruited. Additionally, VADOC applied for a PRS COSSAP grant to receive mentor services from a veteran Department of Corrections with a PRS initiative. As of June 30, 2022, the application has been received and COSSAP staff are working on identifying a mentor site for VADOC.

During FY 2022, VADOC, along with other state agencies, was awarded a Technical Assistance (TA) grant from the National Governors Association (NGA) with emphasis to improve outcomes for individuals with opioid use disorder on community supervision. As a result of the TA grant, VADOC improved collaborative efforts with CSBs, created additional SUD training opportunities for Probation and Parole staff, and increased access to PRS networks. Probation and Parole staff now have access to specialized, for-credit training titled, “Medications for Opioid Use Disorder for Probation and Parole,” which is in addition to additional trainings offered to VADOC staff, “Commonly Abused Drugs” and “Opioid Use Disorder and Treatment” all offered online through the Virginia Learning Center.

Additionally, in FY 2022, an invitation for bid (IFB) was developed to address the need for medical detoxification services for individuals who are sentenced to CCAP and would be in need of detox from drugs and alcohol prior to beginning the treatment phase at CCAP. The contract is planned for award in FY 2023 and once finalized, will provide a valuable resource for probationers sentenced to CCAP.

3. Extent Program Objectives Have Been Accomplished

In September 2005, the VADOC submitted the Report on Substance Abuse Treatment Programs that contained research information on the effectiveness of therapeutic communities and contractual residential substance abuse treatment programs. The findings from these studies suggest that VADOC's substance use disorder treatment programs, when properly funded and implemented, can reduce recidivism for inmates with substance use disorders. Due to a lack of evaluation resources, more up-to-date formal studies are not available. In FY 2021, the VADOC held working dialogues to review the Cognitive Therapeutic Community (CTC) programs in comparison to research. As a result of the CTC working dialogues, the Therapeutic Community (TC) has been modified to 6-12 months in length to include a very comprehensive aftercare program and continuum of care services post release. Additionally, the new TC contract requires more detailed quarterly reports providing benchmarks to identify and monitor program success. In recent years, the VADOC has been working to improve the validity regarding data input within the offender management system. These efforts will result in updated research findings within the coming years.

Assessment results for the inmate population have established the need for substance use disorder treatment programs and services, with approximately 68 percent of inmates scoring probable or highly probable on the substance abuse scales of the COMPAS, and 66.5 percent of probationers/parolees with probable substance use disorders. The VADOC has implemented evidence-based substance use disorder treatment programs including CTC and ISUP for inmates assessed with higher treatment needs, CBI-SA Program for those with moderate treatment needs and Recovery Route for those with low to moderate treatment needs and limited time left in

sentence. The VADOC has identified a fidelity review process to assess and monitor the quality of vendor SUD treatment services in Community Corrections. Reviews of this nature are severely limited due to limited staff and the resources necessary to carry out these reviews. Additionally, the scope of services for Community Corrections vendor contracts to provide treatment services for individuals with substance use disorders has been restructured to require specific evidence-based programs that will allow VADOC to monitor probationer/parolee progress and program fidelity more effectively. In FY2021, a Memorandum of Agreement boilerplate for the CSB was developed and in FY2022, implementation of the boilerplate and dissemination to the vendors was finalized. The VADOC continues to utilize CORIS for data reporting/collection. The VADOC will continue to assess programs for fidelity and effectiveness and will continue to provide SUD treatment services to individuals that are identified as needing SUD treatment services.

4. Identifying the Most Effective Substance Use Disorder Treatment

Although VADOC specific information is not available at this time, a report from the Washington State Institute for Public Policy indicated that drug treatment in prison as well as the community has a positive monetary benefit. For evidence-based treatment programs to be cost effective and achieve positive outcomes, they must be implemented as designed, a concept referred to as fidelity. The VADOC has placed an emphasis on implementation fidelity and once fidelity program reviews are completed, VADOC will move forward with performing cost effectiveness studies.

5. How Effectiveness Could be Improved

The VADOC continues to face several challenges related to substance abuse services:

- Limited staff to address the impact of SUD on those under the care of the VADOC.
- Limited screening, assessment, and treatment resources for inmates with co-occurring (COD) mental illness SUD.
- Reliance on grants for funding sources to provide needed SUD services.
- Reliance on pilot programs due to lack of SUD trained staff and resources necessary to implement programs on a broader scale.
- Lack of medical detoxification resources throughout the state.
- Limited staff to conduct fidelity reviews of the SUD treatment contract, MOA with CSBs, and residential SUD contract in community corrections.
- Limited staff to oversee expansion of the PRS initiative.
- Limited recovery housing options and limited funding for the housing options that do exist.
- Lack of inpatient residential treatment services in community corrections.
- Lack of funding to support the cost of medications for MAT.
- Unavailability of optimal programming space in institutions.

Fully funding the VADOC's substance use disorder treatment services based on the challenges listed above would increase the number of inmates/probationers who may receive treatment and enhance the quality of the programs, thereby producing better outcomes and likely reducing recidivism.

6. An Estimate of the Cost Effectiveness of These Programs

Successful outcomes of substance use disorder treatment programs include a reduction in drug and alcohol use which can produce a decrease in criminal activities, increase in public safety, and improved health and wellness outcomes for the population served. Effective treatment protocols, i.e. MAT, can lead to a decrease in overdose deaths, improved health outcomes such as decrease in infectious disease. Additionally, when an individual is effectively treated and benefitting from SUD treatment, the cost and benefits to society that are achieved from inmates not returning or not coming into prison offset treatment costs. Effective treatment benefits local communities as former inmates can become productive citizens by being employed, paying taxes, and supporting families. In addition, when former inmates can interrupt the generational cycle of crime by becoming effective parents and role models, the community is enhanced. Finally, it is critical to recognize the increasing rate of overdose and the need for continued substance use disorder services to prevent overdoses and deaths.

8. Funding Recommendations

- Funding for three designated regional positions to support substance use disorder services in probation and parole districts. Duties include fidelity reviews of contractors associated with the outpatient substance use disorder contract and residential substance use disorder contract, collaboration with recovery residence programs, facilitate substance use disorder staff training and provide probationer/parolee substance use disorder services.
- Funding to allow VADOC to implement a MAT expansion that would include availability of all three FDA-approved medications for OUD, medical and treatment staff necessary to implement a MAT expansion, and any variable costs associated with implementing a substantial MAT expansion.
- Funding for the three regional PRS positions to become fully funded, FTEs.
- Funding for resources to provide co-occurring SUD and mental illness assessments, treatment, and post release continuum of care including recovery housing.
- Funding for transitional recovery housing to provide aftercare and stability post release from an incarceration SUD program.
- Funding for resources to develop a Cognitive Therapeutic Community Program at a high security facility to address SUD needs in collaboration with cognitive behavioral interventions and programming.

Department of Medical Assistance Services

The Department of Medical Assistance Services (DMAS) implemented the Addiction and Recovery Treatment Services (ARTS) benefit in April 2017. ARTS expanded coverage of many addiction treatment and recovery services for members enrolled in Medicaid and Children's Health Insurance Program (referred to as Medicaid in this report), including Medications for Opioid Use Disorder (MOUD) treatment, outpatient treatment, short-term residential treatment, inpatient withdrawal management services and Peer Recovery Support Services. The Centers for Medicare and Medicaid Services (CMS) approved Virginia's application for a Section 1115 Demonstration Waiver for substance use disorders (SUD) to allow federal Medicaid payment for addiction treatment services provided in short-term residential facilities in December 2016. CMS recently approved a five-year extension of the waiver in July 2020 giving DMAS funding authority through December 31, 2024.

Coverage of SUD services through ARTS is based on the American Society of Addiction Medicine (ASAM) National Practice Guidelines, which comprise a continuum of care from Early Intervention/Screening, Brief Intervention, and Referral to Treatment (ASAM Level 0.5) to medically managed intensive inpatient services (ASAM Level 4). ARTS also emphasizes evidence-based treatment for opioid use disorder (OUD), which combines pharmacotherapy and counseling. Care coordination services provided by Preferred Office-Based Addiction Treatment Services (OBAT) and Opioid Treatment Programs facilitate integration of addiction treatment services with physical health and social service needs. "Preferred OBAT" means addiction treatment services provided by buprenorphine-waivered practitioners working in collaboration with licensed behavioral health practitioners providing co-located psychosocial treatment in public and private practice settings. The Preferred OBAT model was initially limited to individuals with a primary OUD diagnosis. Per requirements of Section ZZZ in the 2020 Appropriations Act, DMAS expanded the model effective March 1, 2022, to allow for other primary SUDs.

CMS requires an independent evaluation for Section 1115 Demonstration Waivers, which includes the ARTS benefit. DMAS contracted with Virginia Commonwealth University (VCU) School of Medicine to conduct an independent evaluation of the ARTS program. Faculty and staff from the Department of Health Behavior and Policy have led the evaluation, which has focused primarily on how the ARTS benefit affected: (1) the number and type of health care practitioners providing ARTS services; (2) members' access to and utilization of ARTS services; (3) outcomes and quality of care, including hospital emergency department and inpatient visits; and (4) the performance of new models of care delivery, especially Preferred OBAT programs. For the purposes of this report to the Council, DMAS is reporting outcomes based on SUD treatment services utilization, access, and quality of care among Medicaid members through state fiscal year 2020 based on the VCU ARTS Year Four Comprehensive Evaluation. DMAS is reporting funding by State Fiscal Year (SFY) 2022.

1. Amount of funding spent for the program in SFY 2022 (Table 2).

Table 2.

SFY 2022 ARTS Expenditures			
PROGRAM	Fee-for-Services	Managed Care	TOTAL
Base Medicaid	\$1,147,653	\$104,121,848	\$105,269,501
Medicaid Expansion	\$5,569,722	\$224,489,621	\$230,059,343
FAMIS	\$7,393	\$147,213	\$154,606
MCHIP	\$3,257	\$332,461	\$335,718
Totals	\$6,728,024	\$329,091,144	\$335,819,168

**The Provider Coverage Assessment Fund pursuant to § 3.5-15 of the Virginia Acts of Assembly Appropriations Act*

2. Unduplicated number of individuals who received services in State Fiscal Year (SFY) 2020

VCU reported about 100,000 members had a SUD diagnosis in SFY 2020, an increase of almost 30 percent from SFY 2019. This reflects both an increase in enrollment from Medicaid expansion during the year, as well as a higher SUD prevalence rate, suggesting more members are being screened for SUD. SUD diagnoses increased from 5,218 per 100,000 members in SFY 2019, to 6,055 per 100,000 members in SFY 2020, a 16 percent increase. While opioid use disorder (OUD) continues to be the most frequently diagnosed SUD among Medicaid members (about 42 percent of all diagnosed SUD), the prevalence rate increased faster for other substances between SFY 2019 and 2020, including for hallucinogens (a 41 percent increase) and stimulants (a 33 percent increase). OUD was the most frequently diagnosed SUD in SFY 2020 (40,465 members) followed by Alcohol Use Disorder (AUD) (37,647 members), cannabis (27,290 members), and stimulants, which includes the use of methamphetamines (22,493 members).

Around 46,400 members used an ARTS service in SFY 2020, which is a 45.5 percent increase from SFY 2019. Most members who use ARTS services use ASAM 1 outpatient services (36,159 members, or 78 percent of all service users). Pharmacotherapy, almost all of which is MOUD treatment, is the second most frequently used service (28,981 members). There was also a large increase (30.1 percent) in service use per 100,000 members - from 2,161 members per 100,000 using services in SFY 2019 to 2,811 members per 100,000 using services in SFY 2020. Increases in service use per 100,000 members was especially large for care coordination services (53.9 percent), ASAM 2 through ASAM 4 level services, and peer recovery support services (67.2 percent). Among members with a SUD diagnosis, the percent using any ARTS services increased from 41.4 percent in SFY 2019 to 46.4 percent in SFY 2020.

3. Extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures.

The number and type of health care practitioners providing ARTS services:

Four years after ARTS implementation, the number of providers in the Medicaid network providing ARTS services to Medicaid members continues to increase. As of December 2020, there are almost 5,100 Medicaid-enrolled ARTS providers, an increase of more than 200 providers since September 2019. This is almost a five-fold increase since ARTS was implemented in 2017. Some of the sites that have grown the most include SUD residential treatment facilities, inpatient detoxification facilities, Intensive Outpatient Programs, and Partial Hospitalization Programs.⁷ The number of Preferred OBAT providers increased from 38 sites at the beginning of the ARTS benefit to 198 sites as of June 2022.

The supply of buprenorphine waivered providers has also seen an increase from 432 in 2015 to 1,495 in 2020 (a 246 percent increase). This includes significant increases in rates of waivers for medical doctors (54 percent), nurse practitioners (283 percent) and physician assistants (200 percent) since 2018 (Figure 2). As of 2020, more than 25 percent of buprenorphine waivered prescribers in Virginia are either nurse practitioners or physician assistants.

While the Commonwealth did increase the overall number of buprenorphine waivered prescribers, it still lags significantly behind other southern states who have implemented Medicaid expansion as well as the national average. As shown by the graphic below (Figure 1), the Commonwealth's increase in buprenorphine waivered prescribers is similar to other sample groups.

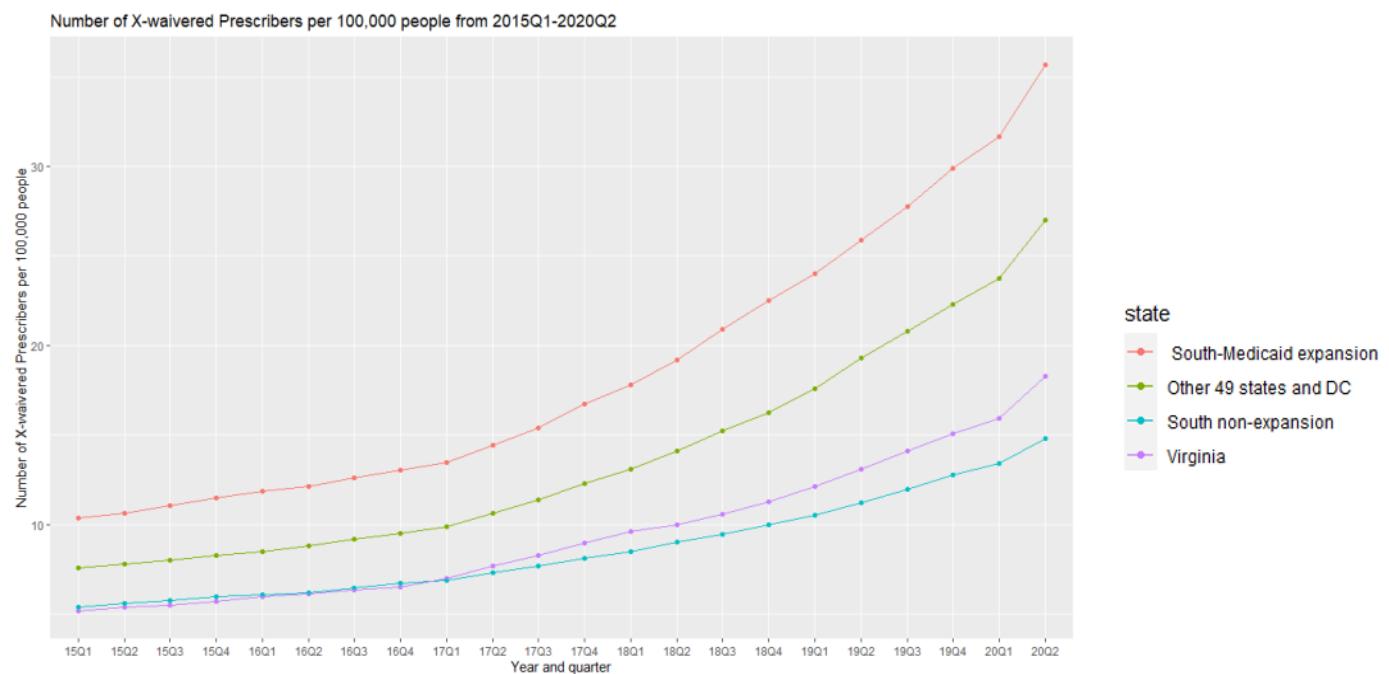


Figure 1

Outcomes and quality of care, including hospital emergency department (ED) and inpatient visits:
2020 continued the increasing trend of ED visits for SUD and OUD in the Commonwealth. In

⁷ Virginia Commonwealth University, Department of Health Behavior and Policy. Addiction and Recovery Treatment Services: Evaluation Report for State Fiscal Years 2019 and 2020. May 2022. Available at <https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSYear4ComprehensiveReport.5.4.22.pdf>

SFY 2020, there were 72,417 SUD-related ED visits, a 43.0 percent increase from SFY2019. In addition, there were 14,084 OUD-related ED visits, representing a 47.0 percent increase from the prior year. By comparison, ED visits for all causes increased only 9.3 percent, amounting to 1,170,313 visits in SFY 2020.

As part of ARTS evaluation efforts, VCU released a report in April 2022 that summarized member experiences with OUD treatment services in the Commonwealth. This report found that overall, most members were satisfied with the services they received from ARTS providers. Highlights included:

- 79 percent felt confident they were no longer dependent on alcohol or drugs and that they were able to deal more effectively with daily problems.
- 78 percent felt better about themselves, and 73 percent felt better able to deal with a crisis.
- 83 percent felt providers explained things in a way they could understand.
- 89 percent often felt safe at place of treatment.
- 84 percent felt they were involved as much as they wanted in their treatment⁸.
-

The performance of new models of care delivery, especially Preferred OBOT programs:

In 2020, 28,981 members received MOUD services from Preferred OBAT or Opioid Treatment Programs (OTPs), a 54 percent increase since 2019. Increases were seen in all modalities of MOUD, including buprenorphine, methadone, and naltrexone.

To reduce barriers to MOUD, several additional guidance memos were issued in 2021 and 2022 detailing changes to the education requirements for buprenorphine waivered prescribers and changes to how drug acquisition costs and dispensing fees are paid. Additional barriers to MOUD arose because of the COVID-19 global pandemic, which began to affect the Commonwealth in 2020. DMAS worked with federal and state government partners to minimize the impact of COVID-19 on MOUD by implementing a series of measures, including allowing for 28-day take-home supplies of methadone and buprenorphine dispensed at OTPs, allowing a member's home to serve as the originating site for a prescription of buprenorphine via telemedicine, and allowing for a 90-day supply of buprenorphine prescriptions.

DMAS has also been working with community providers and pharmacists to address issues of buprenorphine access from pharmacies. Multiple members have reported being unable to obtain buprenorphine from pharmacies despite presenting with legitimate prescriptions for this important medication. DMAS has been part of a cross-disciplinary effort convened by the Substance Abuse Mental Health Services Administration (SAMHSA) that called together Mid-Atlantic states to help determine the scope and cause of the problem and collaborate to identify opportunities to address them. Additionally, DMAS staff participated in a buprenorphine access event in Southwest Virginia, led by the Commissioner of DBHDS to address Suboxone access concerns and has worked directly with providers and pharmacists to review buprenorphine access issues, including referrals to Managed Care Organizations to monitor reported events to ensure that all

⁸ Virginia Commonwealth University, Department of Health Behavior and Policy. [Member Experiences with Opioid Use Disorder Treatment Services in the Virginia Medicaid Program: Results from a survey of Medicaid members receiving treatment services through the Addiction and Recovery Treatment Services program](#). April 2022, Available at <https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSmembersurveyreport.5.5.22.pdf>

policies are being followed.

As part of the independent evaluation, VCU conducted a member survey to assess patient experience using an adapted version of Consumer Assessment of Health Plans Survey (CAHPS) which is utilized by CMS to improve healthcare in the United States. VCU compared patient experiences based on members' use of Preferred OBOT, OTP, and other outpatient treatment providers, identified based on Medicaid claims data at the time of survey sampling. Among individuals who participated in the survey and reported needing SUD treatment or counseling, 67.5 percent reported that they were usually or always able to see someone as soon as they wanted. Timeliness of care did not vary by treatment setting.

4. Identifying the most effective substance use disorder treatment

Treatment of OUD in the ARTS benefit is based on ASAM's National Practice Guidelines including a special focus on same day access for MOUD treatment. MOUD includes the use of buprenorphine, methadone, and naltrexone as part of evidence-based treatment for OUD. This method is considered best practice for treating OUD and has been found to be the most effective treatment in preventing OUD-related overdoses. A previous report by VCU for the ARTS benefit showed MOUD treatment rates among members with OUD increased by over 20 percent following implementation of the ARTS benefit (from 33.6 percent in 2016 to 55.0 percent in 2018), compared to an 8.6 percent increase over the same time period for Medicaid members in other states that did not implement changes on the scale of the ARTS benefit. To further increase access to buprenorphine treatment beginning in March 2019, DMAS removed prior authorization requirements for Suboxone films for in-network prescribers.

Members receiving MOUD treatment continued to increase during Medicaid expansion and the onset of the COVID-19 pandemic. In SFY 2020, 28,981 members received MOUD treatment, a 53.7 percent increase from SFY 2019. As in prior years, buprenorphine treatment was the most common form of MOUD treatment (17,295 members, or 60 percent of all members receiving MOUD), followed by methadone treatment and naltrexone (9,577 and 3,583 members, respectively). The largest increase in MOUD between SFY 2019 and 2020 was for naltrexone (81.1 percent), although this medication remains less frequently used than other MOUD (see Figure 2).

Medicaid members using MOUD treatment.

	SFY 2019	SFY 2020	Percent change
Number of members with any MOUD use*	18,858	28,981	53.7%
Buprenorphine	11,520	17,295	50.1%
Methadone	6,121	9,577	56.5%
Naltrexone	1,979	3,583	81.1%
MOUD treatment rate*	61.8	68.5	10.8%
Buprenorphine	37.7	40.9	8.3%
Methadone	20.1	22.6	12.8%
Naltrexone	6.5	8.5	30.6%

*Number of members with treatment / number of members with OUD diagnosis

Figure 2

5. How effectiveness could be improved

Medicaid Expansion

Access to SUD treatment services through the Medicaid program was further expanded on January 1, 2019, when Virginia implemented the Affordable Care Act's expansion of Medicaid eligibility for adults aged 19-64 to include those with family incomes of up to 138 percent of the federal poverty level. As of August 1, 2022, over 679,591 Virginians had enrolled in Medicaid through the expanded eligibility criteria, which resulted in around 68,652 individuals (30 percent more than this time last year) receiving an ARTS service, who otherwise would have not had access to this benefit. Medicaid expansion has permitted thousands of Virginians access to treatment.

SUPPORT Act Section 1003

In September 2019, Virginia Medicaid was awarded a \$4.9 million dollars from the Centers for Medicare and Medicaid Services (CMS) Section 1003 Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Grant. The grant project's goal is to increase addiction and recovery treatment provider capacity throughout Virginia that supports DMAS's core values including person-centered, strengths-based, and recovery-oriented care. The grant focuses on expanding access to treatment for two priority populations: Medicaid members who are pregnant and parenting and members who are involved in the legal/carceral system. The grant project and funding will end in September 2022.

Activities of the grant include:

- 1) Completing a needs assessment to determine current SUD treatment needs and provider treatment capacity in the Commonwealth.
- 2) Completing a 'Brightspot' assessment to assess community strengths in SUD treatment; and
- 3) Additional activities such as clinician trainings and pilot programs focusing on expanding SUD treatment access.

Successes of the grant have included:

- Landscape reviews of Medicaid policies for SUD, including a review specifically focused on members with legal or carceral experience and the specific challenges that they face as they transition out of and back into community settings.
- Bright-spotting communities who have been successful in addressing SUD and OUD in their communities (see below for more details).
- A “first of its kind” survey of members who have accessed ARTS services to help understand ARTS successes and opportunities for growth.
- A review of buprenorphine waivered prescribers, that informed some of the information provided above.
- Providing over 230 training and technical assistance sessions and webinars that were attended by more than 12,300 individuals throughout the state, that included provider-specific technical assistance and training programs provided for the Virginia Department of Social Services.
- Supporting the creation and expansion of bridge clinic efforts, which connect individuals to community-based treatment after they have been in the ED for an overdose, an initiative that includes utilizing telehealth to help “bridge the gap” (see below for more details).
- In collaboration with VDH, developing a curriculum that hospitals and health groups can use to implement a bridge clinic program themselves.
- Working with state agencies to promote the utilization of peer recovery services, including developing a symposium designed to help expand capacity for this important service.
- Awarding grants to providers to support expansion of telehealth, peer recovery support, and harm reduction services as well as the development of a member navigation program for pregnant and parenting members.
- Supporting Comprehensive Harm Reduction programs to increase enrollment and access to treatment for members as they access harm reduction services.

Access to Peer Recovery Support Services

Several strategies have been implemented over the past year by DMAS, in partnership with public and private partners, to increase the utilization of Peer Recovery Support Services (PRSS). One of the main strategies was an increase in the reimbursement rate for PRSS that was passed by the Virginia General Assembly in the 2022 session, allowing the Commonwealth to significantly increase the amount that providers receive for providing PRSS, from \$6.50 to \$19.50 per 15 minutes for individuals and from \$2.70 to \$8.10 per 15 minutes for groups.⁹ Through the SUPPORT Act Grant, DMAS has provided both general and provider-specific training and technical assistance to help providers navigate the challenges of onboarding PRSS as part of their continuum of care. DMAS is also planning on hosting a PRSS symposium in October 2022 to continue to publicize this rate change and help providers implement this important service component.

Emergency Department Bridge Clinics

One of the main goals of the SUPPORT Act Grant was to address a key gap in the continuum of care for individuals with OUD in the Commonwealth – the transition from post-overdose emergency department (ED) care to community-based treatment (for those individuals who

⁹ <https://budget.lis.virginia.gov/amendment/2022/1/SB30/Introduced/MR/304/2s/>

chose to begin their recovery). This transition is a dangerous time for individuals with OUD, and it can be challenging to access this treatment due to logistical barriers such as housing instability, transportation issues, and similar concerns. One way to address this gap is the development of bridge clinics. These unique clinic models utilize care coordination, electronic health records integration, telehealth, and other means to provide a direct link for an individual to follow-up community-based care, including a follow-up appointment that is scheduled for the individual before they leave the ED. Telehealth-compliant devices are also provided to the individual to facilitate their participation in the follow-up appointment.

The SUPPORT Act Grant engaged with two separate hospitals in the Commonwealth – Carilion Clinic in Roanoke and VCU Health in Richmond to support the implementation of this bridge clinic model. DMAS worked with Carilion Clinic to expand their existing bridge clinic, including the addition of key social work and PRSS staff and the addition of telehealth devices. Additionally, Carilion developed a curriculum that other hospitals and health groups can use to implement their own bridge clinic program. Finally, Carilion has convened a group of hospitals and health groups that want to be early adopters of the bridge clinic model and will share their knowledge and expertise with these organizations who are looking to implement bridge clinics of their own.

DMAS worked with VCU Health to support the creation of a bridge clinic program, the Addiction Bridge Clinic (ABC). DMAS supported multiple components of the project, including electronic health record modification, obtaining telehealth devices, and providing other technical assistance. ABC staff work with individuals both pre- and post-discharge to help ensure that they have every opportunity to follow-up with community-based care if they choose to pursue recovery. Provisional data for this project is very encouraging, with higher-than-expected rates of both engagement and retention in community-based MOUD.

“Brightspots” – A Strengths-Based Analysis

In collaboration with the C. Kenneth and Dianne Wright Center for Clinical and Translational Research at VCU, DMAS engaged in a strengths-based community assessment that was collectively termed Bright-spotting. Many assessments that are performed to identify opportunities for growth in SUD treatment in communities focus on needs, on lack, and on other negatively framed metrics. In one of the first studies of its kind, DMAS worked with the Wright Center to take a different approach, one that looked at strengths. The Wright Center performed an analysis of communities in the Commonwealth that have effectively addressed OUD and SUD and examined those communities to determine how they were successful, in the hopes that lessons could be learned and shared with other communities so that success could be replicated. This work is ongoing and will continue to be supported by other grant initiatives, but provisional data suggest that there are communities enjoying success in addressing OUD and SUD, with hopes that other communities will be able to identify and implement similar efforts of their own.

Reduction of Drug Overdoses

Strategies to impact fatal and non-fatal overdoses include increasing the number of SUD and MOUD treatment providers, increasing access to MOUD in EDs and bridging access to out-patient care, increasing access to Medicaid enrollment, and supporting re-entry transition of care for members who are experiencing incarceration, increasing access to harm reduction services, increasing access to peer recovery support services, and adding treatment options for

polysubstance use. The Commonwealth has been able to make important advances in these strategies. DMAS has supported these strategies by the efforts of the SUPPORT Act Grant described above. DMAS also collaborated with pharmacists to develop an Innovative Pilot Project to place a naloxone vending machine at a community service location.

6. An estimate of the cost effectiveness of these programs

Health Research and Education Trust performed an analysis of the benefit-cost of SUD treatment. The finding of this research showed a greater than 7:1 ratio of benefits to costs¹⁰. Treatment rates for SUD and OUD continued to increase in 2019. While MOUD treatment rates among Medicaid members have been increasing in other states, the increase in Virginia far outpaces that of other states, providing further evidence of the impact of the ARTS benefit. Thus, while MOUD treatment rates for Virginia in 2016 were well below that of many other states, Virginia is now roughly equivalent with other states in terms of MOUD treatment.

DMAS is also monitoring expenditures for ARTS services and measuring quality of care through 36 quality measures reported quarterly to CMS. As part of upcoming program evaluations, VCU, an independent evaluator for the ARTS program, will be including cost analyses into overall program evaluation design.

7. Funding recommendations based on these analyses

- Continued expansion of ARTS services to members through provider and community engagement efforts.
- Expanded person-centered treatment approaches that address the social and psychological risk factors for the recurrence of drug use.
- Continued workforce training for evidence-based practices for SUD treatment and recovery.
- Continued expansion of ED Bridge Clinic programs.
- Continued expansion of access to and provider/member understanding of best practices in telehealth treatment services.
- Continued expansion of PRSS provider capacity and service utilization.
- Continued partnership with state and local legal/carceral organizations to strengthen transitions for members through carceral settings.
- Support harm reduction providers to promote Medicaid enrollment and engagement for eligible individuals.

¹⁰ <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1475-6773.2005.00466.x>